ADULT DELINQUENCY

ITS PREVENTION BY MENTAL HYGIENE IN CHILDHOOD

By JOSEPH CATTON, M. D., *San Francisco*

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DISCUSSION *by Josephine A. Jackson, Pasadena, and Adelaide Brown, San Francisco.*

OTHER speakers are telling us, in some detail, of the technique of mental hygiene care, through child guidance clinics and children's habit clinics.

My communication is related to theirs, because mental hygiene in childhood may be a powerful weapon in the prevention of delinquency in the adult.

Society has failed largely in its handling of the criminal, the prostitute, the unemployed, and the pauper. The law has proven its failure with the criminal in a large proportion of the cases. Two-thirds to three-quarters of the inmates of state prisons are repeaters. The law has protected society temporarily by keeping the prisoner in custody: it has done some punishing. Reformation of the criminal has not succeeded at all in about 75 per cent of the cases, and we know little of the result in the other 25 per cent. How could the law have done otherwise? How could it reform, guide, or treat the criminal? First, it would have to know what sort of person it had to reform, to guide, to treat: and it has not had the machinery for obtaining this information.

Medicine may help in the problem, and here is the reason. Medicine will approach the criminal as she does the patient, and, through history and examinations, may determine physical and mental defects. Further, with special psychiatric, psychological, and sociological investigation, she will discover various maladjustments of the criminal and certain factors which appear to her to be in causal relation to the conduct disorder or crime.

The neuropsychiatrist finds that maladjustment expresses itself in tendency to suicide, unemployment, criminality, or some other form of failure. He feels that heredity taint, bad influences in infancy and childhood, poor home surroundings, lack of proper training, etc., etc., are etiological of maladjustment, and that certain forms of mental disease and defect may often be the basic causes.

One has only to glance at the literature on this subject to learn that careful surveys have been made of these relationships. There one may read of the percentages of insane, defective, and the rest, among the delinquents. But one should always ask for comparative statistics on groups of norms. In any event, one learns from Glueck that, among criminals at Sing Sing, 12 per cent are insane, 28 per cent defective, and 18 per cent psychopathic (58 per cent mentally abnormal); and from Anderson that, among the juvenile delinquents in Cincinnati, 26 per cent were psychopathic or mentally ill, 26 per cent subnormal, 8.4 per cent feeble-minded (66 per cent psychiatric problems); from Anderson that dependents in Cincinnati were 75 per cent psychiatric problems, 25 per cent being mentally ill; from Adler that 35 per cent of unemployed were "inadequates," and all the others showed paranoid make-ups, or emotional instability. Similar statistics are available for inmates in reformatories, for prostitute groups and others. Wherever surveys are made of these various delinquent types, from 50 to 70 per cent are found to present psychiatric problems.

The controls show no such high percentages of psychopathy. The mental defective averages do not show such a great difference between the adjusted and the maladjusted. In this regard, statistics of different observers show wide variations. Terman found about 22 per cent below average in the norm. In Anderson's school-children group, only 6.8 per cent were below average. A comparison of Anderson's totals on the school children on the one hand, with the totals of his delinquency group, and other delinquent groups on the other hand, is rather convincing. Only 6 to 10 per cent of his school children are problem cases and psychiatric cases, whereas 50 to 75 per cent of adult delinquents and failures are psychiatric cases. *In other words, in a group that, as a group, is getting along, less than one in ten present mental hygiene problems. In a group that in adult life is not getting along, two or three in each four are mental hygiene problems.* And medicine cannot apply to the adult what should have been applied to the child. Mental hygiene in childhood should have reached and should have helped in some degree, at least, two to three out of each four of our various adult delinquents.

Each of us has been able to trace through the childhood of "failure cases," the lack of proper habit-forming, proper guidance, proper education; pernicious home-life; and the rest. My small experience in examination of criminals in the San Francisco jails, would indicate that most of them were mental hygiene problems in childhood.

Hereditary factors have shown themselves repeatedly. Some mental defect has been found coupled with criminality in at least one in five of our cases. We have had the feeling that, had these defects been noted early and dealt with, the man might have found some adjustment at an appropriate level. These defectives might have made very good elevator boys, chore men, ranch hands, laborers, domestics, etc. They might have been more properly placed in industry and life; have been taught the satisfaction that comes with work well done, even though it is lowly; might have been prevented from developing "white-collar" aspirations with "overall" mentalities. Fernald prepared 50 per cent of his imbeciles so that after training they made good.

Without burdening you with repetition, may I state that our investigations have shown consistently the various factors which have been unearthed in more thorough and scientifically conducted surveys. At least 20 per cent of our cases show quantitative mental defect. At least 10 per cent might be diagnosed as medically insane. Another 20 per cent would be listed as psychopathic, and still another 20

per cent show marked psychoneurotic disturbance. I would say a grand total of 70 per cent show psychiatric aspects. One hundred per cent show behavior disturbance of antisocial or asocial type. But this sort of information has been available for some time. I believe the public is "sold" on that part of our problem. What the public wants now is to learn specifically our modes of treatment. The portion of the public which handles the purse-strings wants proof in the form of results. It wants to know from the *results,* and not from the *theory,* that our plans are economically sound, practical, and worth while.

I have been asked many times, in effect: Do you do more than investigate, diagnose, classify, recommend? What, concretely, have you done in the way of treatment? What are the positive evidences of results? Are the factors you find in examination of the maladjusted different from those in the adjusted?

I can answer the last question with a definite "Yes." I do not believe that the other questions can be answered so definitely at this time.

Mental hygienists have a big problem here: this problem of preparation for adjustment. It has taken nature thousands of years unnumbered to develop in man a nervous system, and harmones, and other factors beyond our knowledge. All this evolution has been towards the adjustment of each body cell to all of the others; and each of our body organs to the others. At its best, this adjustment lasts from three to five score years, at which point nature confesses its failure in death. We certainly, therefore, may approach this problem with all of humility and little of conceit. We have the right, however, to hope that something definite may be accomplished.

I believe that we ought to take stock. We ought to load our cause with every possible bit of optimism and enthusiasm. On the other hand, we ought to allow enough of common-sense pessimism to stay with us that we do not get the idea that we can buck evolution in its attempt to eliminate the unfit. We should not constantly spend money, time, and energy, on attempting to improve those not capable of improvement.

We have survey reports, statistical studies, diagnoses, and indicated recommendations. These point the way towards prevention of delinquency. We can get a clearer picture of how heredity, environment, and the personality-at-the-moment have determined certain capacities and limitations. We can contact the asocial and antisocial types early in life and prepare them for adjustment in some group and at the level where each belongs.

It is the attempt of the individual to adjust himself in the wrong group or at the wrong level that brings disaster. We must remember that it is not only the defective that needs help towards finding his level and adjusting himself to it. Many an adult delinquent gives clear evidence that during childhood he might have been detected and should have been dealt with as having an over or under-acting nervous system: as being of unstaple emotional make-up, maybe given to explosions, irritability, apathy, sensitiveness, or moodiness; as a neurotic, not unlike many of our adult types; as an incipient dementia precox, or paranoid type; as one with a disturbed sex psychology; as of asocial or anti-social tendency. All of these individuals would at least tend towards proper adjustment if the evolution of personality, and environmental factors were controlled in some degree.

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DISCUSSION

JOSEPHINE A. JACKSON, M. D. (1955 Morton Avenue, Pasadena)—Dr. Catton's approach to this subject of dominant interest is both humane and sternly practical. That men of his type are bending their energies toward the solution of adult delinquency augurs well for the unfortunate individual and society as a whole. He tells us that maladjustment, which tends to crime, depends first on heredity, which, to me, is an insuperable argument for the sterilization of the unfit, beginning first with the criminal unfit and carrying it through all such members of society as are palpably incapable of transmitting a wholesome heredity.

This is not so much for the sake of society as for the sake of the wretched individual himself who must carry this inadequate equipment as a torturing ball and chain through all the days of his years.

Maladjustment results also from the lack of the right influences—psychic and material—in childhood.

Dr. Catton calls for intelligent control of the evolution of the child's personality. One means that presents itself therefor is to impress upon parents the significance of mental hygiene, which holds the total weight of weal or woe for the coming citizen.

Not dollars, nor erudition, but the faculty of adaptation is the child's supreme equipment. There should be a recognition by the masses and by all the wearers of white collars that more brains on the average top the overalls than top the white-collared mass. Manual dexterity means brains and assures adaptation.

ADELAIDE BROWN, M. D. (909 Hyde Street, San Francisco)—The increasing emphasis on habit-training in the hygiene of childhood must make a better poised adult life.

The fears of the dark, the need of a comfort to go to sleep with, of someone in the room, or of rocking to sleep—all these portend restless sleeping, an emphasis on the emotional and self-indulgent tendencies of the mind. The bad habit should not start, avoidance is easier than eradication.

Social adjustments can be taught early. Common courtesies of greeting, good-by, and thank you, mean self-control, appreciation of fellow-beings and social relations, and are thus far more than manners.

General physical and mental training, rather than specializing during adolescence, gives a control of brawn and brain on which body and mind may be developed later.

A social child, respecting his own and others rights, indicates mental guidance from birth. Of perfect specimens few grow, but many may be cultivated.

Ovarian Therapy—Emil Novak, Baltimore (Journal A. M. A.), emphasizes the fact that, rational as ovarian therapy appears to be in some conditions, the results are rarely striking and often nil to the level-headed observer. It cannot be assumed that a commercial extract can replace the normal ovarian secretion in the patient's body, or, for that matter, that it originally contains any of the active hormones of the ovary. Here lies the crux of the whole problem, whose solution will depend in large measure on the work of the biochemist. Until this day, the physician who uses ovarian therapy should keep his feet on the ground and not let himself be carried away by the exaggerated claims of those who have something to sell or the ill-advised and premature reports of honest but deluded professional colleagues who have not yet learned the dangers lurking in the "post hoc propter hoc" method of reasoning. As I once heard a wise man say, "Ought we to assume, if the administration of cascara relieves constipation, that the constipated individual had been a victim of hypocascarism?" There can be little question as to the future importance of ovarian therapy—as regards its present importance there is considerable room for discussion.